

CLAIMS ONLY						SERIAL NO. 09887320	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	<del>✓</del>						51				
2	<del>✓</del>						52				
3	<del>✓</del>						53				
4	<del>✓</del>						54				
5	<del>✓</del>						55				
6	<del>✓</del>						56				
7	<del>✓</del>						57				
8	<del>✓</del>						58				
9	<del>✓</del>						59				
10	<del>✓</del>						60				
11	<del>✓</del>						61				
12	<del>✓</del>						62				
13	<del>✓</del>						63				
14	<del>✓</del>						64				
15	<del>✓</del>						65				
16	<del>✓</del>						66				
17	<del>✓</del>						67				
18	<del>✓</del>						68				
19	<del>✓</del>						69				
20	<del>✓</del>						70				
21	<del>✓</del>						71				
22	<del>✓</del>						72				
23	<del>✓</del>						73				
24	<del>✓</del>						74				
25	<del>✓</del>						75				
26	<del>✓</del>						76				
27	<del>✓</del>						77				
28	<del>✓</del>						78				
29	<del>✓</del>						79				
30	<del>✓</del>						80				
31	<del>✓</del>						81				
32	<del>✓</del>						82				
33	<del>✓</del>						83				
34	<del>✓</del>						84				
35	<del>✓</del>						85				
36	<del>✓</del>						86				
37	<del>✓</del>						87				
38	<del>✓</del>						88				
39	<del>✓</del>						89				
40	<del>✓</del>						90				
41	<del>✓</del>						91				
42	<del>✓</del>						92				
43	<del>✓</del>						93				
44	<del>✓</del>						94				
45	<del>✓</del>						95				
46	<del>✓</del>						96				
47	<del>✓</del>						97				
48	<del>✓</del>						98				
49	<del>✓</del>						99				
50	<del>✓</del>						100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS	15						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS